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the Peperwork Reduction Act of 1995, no persons six required to respond to a pottection of information unites it displays a yeld OMB control number.

•		Substitute for Form PTO-876 Effective December 8, 2004							10/1257/49		
_	APP	LICATION AS FI (Column 1)		(Column 2)	8MAL	L ENTITY	OR	OTHI SMAL	ER THAN L ENTITY		
<u>.</u>	for Asic fee	HUMBER FILE	O NU	MBER EXTRA	RATE (1)	FEE (1)	7				
13	7 OFA 1.16(1), (b), or (c))	tva		. N/A	NA	150.00	7	RATE (1)	FEED		
	EARCH FEE 7 OFR 116(H) (1), or (m)	N/A		NIA.	· N/A	\$250	4		300.00		
E	KAMINATION FEE I CFR. 1.1818, (p), oc (q)	N/A .	1.	N/A	N/A		-	H/A	\$500		
Ti	OYAL CLAHAS 7 CFR 1.16(II)				~	\$100	4 .	NA	\$200		
TH	DEPENDENT CLAMAS	urum	20 =	ujnes	X\$ 25	,	, OR	X\$50 .			
G	CFB 1.16(N)	· · · · · · · · · · · · · · · · · · ·	03 c /		X100 _			X200			
FE	APPLICATION SIZE  FEE (37 CFR 1.16(s))  (If the specification and drawings exceed 1 sheets of paper, the application size fee di ta \$250 (\$125 for small enlity) for each additional 50 sheets or fraction thereof. Si 35 U.S.C. 41(a)(1)(Q) and 37 CFR 1.16(s)										
M	ALTIPLE DEPENDENT	+180=		1	+360=	<del> </del>					
* K	the difference in column	TOTAL			<u> </u>						
		TION AS AMENI	* :	* *	·	I	J <sup>.</sup>	TOTAL			
MENTA	1003 07 RE	Aumn 1) DEAIMS MAINING AFTER ENDMENT Minus	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT. EXTRA	SMALL RATE (1)	ADDI- TIONAL/ FEE (3)	OR	OTHER SMALL RATE (\$)	ENTITY  ADDITIONAL FEE/IT)		
AMENDMENT	Application Size Fee FIRST PRESENTATION	OF MULTIPLE DEPEND		~~~~ <u>~</u>	X100 = +180= TOTAL ADD'L FEE		OR OR	X\$50 = X200 = +360= TOTAL ADD'L FEE			
	Application Size Fee FIRST PRESENTATION  (Co)	OF MATIPLE DEPEND  Umn 1)  AMS	5	FR 1.16@) (Column 3)	X100 = +180= TOTAL		OR OR	X200 _ +360=			
118	Application Size Fee FIRST PRESENTATION  (Col REA AME	OF MULTIPLE DEPEND  OF MULTIPLE DEPEND  UMM 1)  AIMS  AIMING FTER  VOMENT	(Column 2) HIGHEST HUMBER PREVIOUSLY PAID FOR	FR 1.16@)	X100 = +180= TOTAL	ADOI- TIONAL FEE (b)	OR OR	X200 _ +360=	ADCH-		
E 18	Application Size Fee FIRST PRESENTATION  (Col REA AME Total proprietal)	OF MULTIPLE DEPEND  OF MULTIPLE DEPEND  UMM 1)  AIMS IAINING FTER  IOMENT	(Column 2) HIGHEST HUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT	X100 = +180= TOTAL ADD'L FEE		OR OR	X200 = +360= TOTAL ADD'L FEE RATE (\$)	ADDI-		
E 18	Application Size Fee FIRST PRESENTATION  (Co. REA AME Total (37 CFR 1.16(1)) Independent (37 CFR 1.16(1))	OF MATIPLE DEPEND  OF MATIPLE DEPEND  UMM 1)  AMS  IAINING FTER  VOMENT.  Minus	(Column 2) HIGHEST HUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	X100 = +180= TOTAL ADD'L FEE RATE (1) X\$ 25 = X100	TIONAL	OR OR	X200 **  +360=  TOTAL ADD'L FEE  RATE (\$)  X\$50 **	ADCH-		
E 18	Application Size Fee (Color REA AME)  Total OTOTA LIANI)  Independent OTOTA LIANI)  Application Size Fee (E	OF MULTIPLE DEPEND  OF MULTIPLE DEPEND  UMM 1)  AIMS IAIMING FTER IDMENT  Minus  7 CFR 1.16(s))	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRÀ	X100 = +180= TOTAL ADD'L FEE  RATE (1) X\$ 25 .	TIONAL	OR OR OR	X200 = +360= TOTAL ADD'L FEE RATE (\$)	ADCH-		
m	Application Size Fee FIRST PRESENTATION  (Co. REA AME Total (37 CFR 1.16(1)) Independent (37 CFR 1.16(1))	OF MULTIPLE DEPEND  OF MULTIPLE DEPEND  UMM 1)  AIMS IAIMING FTER IDMENT  Minus  7 CFR 1.16(s))	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRÀ	X100 = +180= TOTAL ADD'L FEE RATE (1) X\$ 25 = X100	TIONAL	OR OR OR	X200 * +360= TOTAL ADD'L FEE RATE (1)	ADCH-		

The Thahast Number Preylously Peld For (Total or Independent) is the highest number found in the appropriate box in column 1 It is subscition of information is required by 97 CFR 1.16. The information is required to obtain to retain, a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This believing, preparing, and submitting the completed application form to the USPTO. Three was very depending upon the individual case. Any comments on the smooth of three you require to complete initial form and/or suppositions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Dependment of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COUNTERED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.